

## NumberOneRx.com Medical Questionnaire/Order Request

The information below is needed to place your order request for medication.  
We will not disclose any personal information to any outside party.  
See our [privacy statement](#) for additional information.

All fields below must be filled out for order requests.

**EXHIBIT 1**

### Section 1: customer account information

First Name:  (Complete First Name - No Initials)  
Last Name:   
Email Address:  (Like yourname@aol.com)

**NOTE:** To keep you informed, we provide e-mail notifications concerning your medical consultation and order status.

Date of Birth:  /  /   
Gender:

### Section 2: shipping/contact information

Shipping Method:

**NOTE:** You will be required to sign for delivery. There will be a \$10.00 charge if an address change is necessary after submission and confirmation of your order.

Shipping Address:

Street Address:  (No P.O. Boxes)

City:

State:

Province:  (Non U.S. use only)

Zip Code:

Country:

Day Time Phone: ()  -  Ext.

Evening Phone: ()  -  Ext.

**Section 3: payment method**

Payment Method:

Card Holder:  (Exact Name on Credit Card Bill)

Card Number:

CVV2:  (The 3 digit number on the back of your card)

More Info

Expiration Date:

Billing Address:

☐ Same as Shipping Address

Address:

Address 2:

City:

State:

Province:  (Non U.S. use only)

Zip Code:

Country:

**Section 4: your medication selection**

Please select the product and quantity that you would like to order:

Medication:

**Section 5: medical questionnaire**

Please select your Height:

Please enter your Weight in pounds:  Lbs.

NOTE: Customers must have a body mass index of 25 or greater to request a weight loss medication.

Your Calculated Body Mass Index (BMI):   
(Automated calculations, please click on box)

1. Please explain the specific medical reason for ordering this medication. The physician must know the exact nature of your medical problem in order to prescribe this medication. This cannot be left blank.

2. Have you previously been treated for sexual dysfunction? If No, please explain your reason for requesting this medication.

☐ Yes ☒ No If No, please explain your reason for requesting this medication.

I Feel Like I Can Better Preform With Viagra

**3. I agree not to take this medicine if I take any form of nitroglycerine.**

☒ I Agree ☐ I DISAGREE If you disagree, please explain why:

**4. I agree not to take this medicine if I am currently or I have ever been treated for any heart problems.**

☒ I Agree ☐ I DISAGREE If you disagree, please explain why:

**5. I agree not to take this medicine if I have the following conditions: Leukemia, Multiple Myeloma, Sickel Cell Disease, Peptic Ulcers, or Retinitis pigmentosa (an eye disorder).**

☒ I Agree ☐ I DISAGREE If you disagree, please explain why:

**6. Please list all current medical conditions. Enter "NONE" if none.**

☒ None ☐ I will specify

**7. Is there anything in your medical history that you consider to be relevant? If yes, please specify. Enter "NONE" if none.**

☐ None ☒ I will specify

I Consume One Or Two Beers Every Day, And I Smoke Cigars Daily.

**8. Please list all over-the-counter and prescription medications that you are currently taking and the length of time for each. Enter "NONE" if none.**

☒ None ☐ I will specify

**9. Please list all medications that you plan to take while on this program. Enter "NONE" if none.**

☒ None ☐ I will specify

10. Please list all past or present allergies including allergies to any medications. Enter "NONE" if none.

☒ None ☐ I will specify

11. Please list all past surgeries and provide details including the condition that was treated with each surgery. Enter "NONE" if none.

☒ None ☐ I will specify

## Section 6: customer agreements

To place an order, you must agree with the Customer Responsibility and Informed Consent Statements below.

Click each link to view the documents in a pop-up window.

I Have Read, Understand and Agree with the Customer Responsibility Statement

Yes

I Have Read, Understand and Agree with the Informed Consent Agreement

Yes

I would like to receive promotional e-mail with information about health tips, new site features and special product promotions.

No

[Review and Confirm Order](#)

Click "Review/Confirm Order" to review your order request.  
Credit Card will be billed by Medline Financial.

# CUSTOMER RESPONSIBILITY STATEMENT

## EXHIBIT 2

By requesting medication through NumberOneRx.com (NumberOneRx.com), I, the requestor, confirm the following truthful statements as if under oath and subject to penalties of perjury:

- I am an adult, capable of entering legal contacts, and at least 18 years of age.
- The laws in my geographical location permit the delivery of the requested medication(s).
- All questions asked of me during the medication request have been answered truthfully and completely.
- I will not distribute the requested medication(s) to others.
- I have had a recent physical examination by a local, licensed medical physician. Based on the results of my physical and medical history, my doctor has informed me that I should use the requested medication(s).
- I know that all medication(s) have associated risks. I understand that using and medication(s), including "over-the-counter" medication, has both benefits and risks.
- I will contact my local physician for and medical assistance in case I have any complications, issues, or questions regarding the requested medication(s).
- Knowing the risks associated with the requested medication(s), I consent to treatment.
- I will contact the prescribing physician and pharmacy immediately upon any complications, issues, or questions regarding the requested medication(s).
- I understand the benefits, side-effects, and risks of the requested prescription medication(s). I have read written and/or internet literature and have no additional questions.
- I have used the requested medication(s) in the past while under a licensed doctor's care. I have been advised by my doctor that the requested medication(s) is proper for my immediate medical needs.
- I am requesting prescription medication for my own personal medical purposes.
- I request that a U.S. Licensed Medical Doctor assist my local Medical Doctor by prescribing the requested medication(s).
- I request the prescribing doctor to allow the fulfillment of the requested medication(s) by a licensed pharmacy.
- I do not request the prescribing doctor to replace the opinion of my local physician.
- I am requesting ONLY the needed amount of medication(s) for my condition and am not attempting to create a reserve, or stockpile

of medication.

- I will not take any other medication(s), including "over-the-counter" medication, without prior approval from my pharmacist.
- I am the authorized cardholder of the credit card used for payment of the requested medication.
- I have provided ALL information concerning my health and medical history so that the pharmacist and prescribing doctor may properly review my request.

All products mentioned on NumberOneRx.com are trademarks of their owners, and are neither affiliated or owned by NumberOneRx.com.

# Informed Consent

## EXHIBIT 3

By requesting medication through NumberOneRx.com (NumberOneRx.com), I, the requestor, confirm the following truthful statements as if under oath and subject to penalties of perjury:

I hereby release NumberOneRx.com and all of its employees and contractors including physicians from ANY AND ALL liability whatsoever associated or connected with my request for and use of prescription medication(s).

I am an adult and I am aware of the potential side effects associated with ALL medications; both prescribed and non-prescribed.

I have answered truthfully all of the medical questions on my questionnaire.

I understand that no doctor, pharmacist, or administrative personnel can guarantee that the requested medication(s), even if prescribed, will provide the results I seek.

Additionally, I understand that even if prescribed, I may suffer adverse effects from the requested medication(s).

I am voluntarily requesting medication(s) of my own choice, at my own expense and my own liability and assume all responsibility for the use of any medication(s).

I fully understand that it is my responsibility to have an annual physical examination, including any suggested laboratory tests, to ensure that I have no disease(s) that might make the medications inappropriate for my condition.

I further agree that I have consulted with my physician and/or pharmacist and hereby warrant that I am not taking any medications or combination of medications that are on the published list of medications that are contraindicated with these medications.

I further agree to immediately notify any doctor whose present care I am under that I have chosen to take medications so that they may advise to continue or discontinue use.

I understand that NumberOneRx.com is unable to accept returns or issue refunds for any orders due to the fact that this is a prescription medication.

I am responsible for all customs, tariffs, and taxes, if applicable.

STATE OF TEXAS                     )  
                                                  )  
COUNTY OF TARRANT            )

**AFFIDAVIT**

Being duly sworn, I, James Rawson, declare as follows:

I, James Rawson, am the Project Coordinator of the Internet Clearinghouse for the Federation of State Medical Boards of the United States, Inc. Our office is located in Euless, Tarrant County, Texas and the mailing address is P.O. Box 619850, Dallas, Texas 75261. The Internet Clearinghouse was established in September 2000 to assist the dissemination of information among federal and state regulatory authorities regarding Web sites that offer the prescribing and dispensing of medications based solely on an online questionnaire, with or without the participation of a physician. As project coordinator, I order and purchase prescription medications from certain Web sites in an attempt to identify the owner of the site, the prescribing physician, and the pharmacy that fills the prescription order. That information is then shared with appropriate state medical and pharmacy boards, state Attorneys General, and federal agencies including, but not limited to, the Food and Drug Administration, the Drug Enforcement Administration, the Department of Justice, the U.S. Customs Service, and the Federal Trade Commission.

In the subject case, I used information obtained from Spam emails that were forwarded to me on at least 3 occasions during February 2003, regarding the site www.numberonrx.com. I examined this site on March 4, 2003, and printed several of the pages available online. These pages included the first page of the Web site, a contact page indicating that the only way to contact the site operators was to either email at info@numberonrx.com or by clicking on a Live Chat button, a medical questionnaire/order request form, a customer responsibility statement, an informed consent statement, a final checkout/review and confirm your order page, and an order confirmation page. On the medical questionnaire/order request page, I indicated that I wanted 3 100mg Viagra pills for a price of \$97. I further indicated in Section 5, number 1, that my specific medical reason for ordering Viagra was that I needed to perform better in bed. In Section 5, number 2, I indicated that I had not been previously treated for sexual dysfunction and that I felt that I could better perform with Viagra. The order was paid for with a credit card, with the price of the 3 Viagra pills being \$97 and shipping being \$18, for a total of \$115.

I was never contacted by anyone from the Web site or any other individual regarding the order, and the Web site contained no information regarding the name or credentials of any physician or pharmacy that would be responding to my order. I received the order on March 6, 2003 in a Fed Ex envelope addressed to me. Upon opening the envelope and examining the label on the pill bottle, I learned the prescribing physician's name for the



first and only time. The name on the label was Dr. Herbert Jack Breite and the pharmacy was Prescription Resources, located in Charlotte, North Carolina. The date the prescription was issued, according to the label on the bottle, was March 4, 2003. A phone number was provided for the pharmacy, but no telephone number or contact information of any kind was provided for Dr. Breite. There was no indication of where Dr. Breite was licensed or practicing.

At no time since I placed the order on March 4, 2003, has Dr. Breite contacted me via telephone, email or any other electronic manner, or mail. I never took part in a face-to-face consultation or physical examination performed by Dr. Breite, and I never provided him with any medical records from my personal physician. I have not received any follow-up inquiries or care from Dr. Breite to see if the intended treatment was working for me or had produced complications or untoward side effects. In sum, Dr. Breite never communicated with me in any way or evidenced any interest or curiosity as to my individual medical needs and condition, either before or after authorizing the prescription for the Viagra pills that I had requested from NumberOneRx.

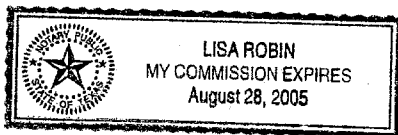
The statements contained within this Affidavit are true and within my personal knowledge.

Signed on May 29, 2003.

James J. Rawson  
James Rawson

Subscribed and sworn to before me by James Rawson on May 29, 2003.

Lisa Robin  
Notary Public, State of Texas



PRESCRIPTION RESOURCES  
9741A SOUTHERN PINES BLVD  
CHARLOTTE, NC 28202 PH# 704-525-1355

Rx: 6512530

Rawson, James

3/4/2003

Dr. Herbert Jack Breite

Take 1 tablet as needed 1 hour before  
sexual intercourse.

viagra 100mg (3 pills)

Discard After: 3/2/2004

Pfizer

NO REFILLS

RPH

CAUTION: Federal law prohibits transfer of this drug to  
any person other than the patient for whom prescribed.

**IMPORTANT NOTE:** The following information is intended to supplement, not substitute for, the expertise and judgment of your physician, pharmacist or other healthcare professional. It should not be construed to indicate that use of the drug is safe, appropriate, or effective for you. Consult your healthcare professional before using this drug.

**SILDENAFIL - ORAL**  
(sill-DEN-uh-fil)

**COMMON BRAND NAME(S):** Viagra

**USES:** This medication is used to treat male sexual function problems (erection problems).

**HOW TO USE:** This drug is taken by mouth as needed between four hours and one-half hour before sexual activity (about one hour before is most effective). Take only as directed, usually once daily as needed. Sildenafil works along with sexual stimulation to help achieve an erection.

**SIDE EFFECTS:** Headache, flushing, stomach upset, nasal stuffiness, diarrhea and dizziness might occur. If these effects persist or worsen, notify your doctor promptly. Unlikely but report promptly: painful or other urination problems, vision problems, skin rash. Very unlikely but report promptly: chest pain, fainting, foot or ankle swelling. If you experience a painful or prolonged erection (lasting longer than 4 hours), stop using this drug and seek immediate medical attention. If you notice other effects not listed above, contact your doctor or pharmacist.

**PRECAUTIONS:** Before using this drug, tell your doctor your medical history, including: allergies (especially drug allergies), penis conditions such as fibrosis/scarring (e.g., Peyronie's disease), history of painful/prolonged erection (priapism), sickle cell anemia, blood system cancers (such as leukemia or myeloma), eye problems (retina diseases), kidney or liver disease, bleeding disorders, active stomach ulcers, heart disease, stroke, very high or low blood pressure. Limit alcohol intake, as it may aggravate side effects of this drug. Since this drug may cause dizziness, caution is advised when performing tasks requiring alertness (e.g., driving). To avoid dizziness and lightheadedness when rising from a seated or lying position, get up slowly. This drug is not to be used in women or children. The elderly may be more sensitive to the side effects of this drug, therefore caution is advised in this group.

**DRUG INTERACTIONS:** Tell your doctor of all nonprescription and prescription medication you may use, especially of: nitrate medications (e.g., nitroglycerin, isosorbide dinitrate), nitroprusside (any "nitric oxide donor" medicines), cimetidine, erythromycin, azole antifungals (e.g., itraconazole, ketoconazole), mibefradil, rifamycins (e.g., rifampin), high blood pressure medicines, certain HIV protease inhibitors (such as saquinavir, ritonavir, amprenavir), delavirdine. Do not start or stop any medicine without doctor or pharmacist approval.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include severe dizziness, fainting, or prolonged erection.

**NOTES:** Do not share this medication with others, since they may have a problem that is not effectively treated by this drug. Use of this drug does not protect against sexually transmitted diseases (e.g., HIV, Hepatitis B, gonorrhea, syphilis).

**MISSED DOSE:** Not applicable.

**STORAGE:** Store at room temperature between 59 and 86 degrees F (15-30 degrees C) away from light and moisture.

STATE OF VERMONT  
BOARD OF MEDICAL PRACTICE

Docket No. MPC 32-0303

internet. A prescription for Viagra was filled by a pharmacy in North Carolina and forwarded to Rawson. The associated website was [www.numberonrx.com](http://www.numberonrx.com). The issuing physician was identified by the prescription as Herbert Jack Breite MD., who lives in Wayne, New Jersey but holds both VT and PA Medical licenses.

4. I know Mr. Rawson personally as I had met him November 2002 in Las Vegas, Nevada at a seminar on Internet Prescription Practices and Fraud sponsored by the Federation of State Medical Boards. I called Mr. Rawson and spoke with him over the phone regarding this matter. He advised me of the following:

- On March 4<sup>th</sup> 2003 Mr. Rawson was provided three Viagra tablets based solely on answers he provided in an on-line questionnaire. He never had a physical exam, video conference or any form of telemedicine consultation, including phone contact with any physician. He filled out a questionnaire and provided his credit card number. A few days later the Viagra was shipped to him via FEDEX and at that time he learned the prescribing physician was Dr. Breite. The three Viagra 100 mg. pills were purchased for \$97, plus \$18 shipping.

5. I next called Jack Hennessy of the United States Drug Enforcement Administration (DEA) office in Connecticut. I learned that Dr. Herbert Jack Breite has a DEA registration for Philadelphia, Pennsylvania and nowhere else. I called the Pennsylvania Board of Medicine and was informed that Dr. Breite's Medical license status was "active retired". A check of Dr. Breite's last Vermont medical license renewal on November 12<sup>th</sup>, 2002 showed that he answered "retired" for the question about "practice setting", and "retired" when asked about "Medicaid or New Patients".

6. On March 24<sup>th</sup>, 2003 the Board received a letter from Attorney Harley Breite of Wayne, New Jersey, in response to the Boards' letter to Dr. Breite informing him of the allegations from Mr. Rawson. The letter acknowledged that Dr. Breite did grant the prescription for three Viagra.

7. On March 26th, 2003, I wrote to Attorney Breite and asked specifically where Dr. Breite's "practice setting" was. I also asked for copies of contracts between Dr. Breite and NumberoneRX. I asked for an explanation as to Dr. Breite's answers regarding being "retired" as set forth in his recent renewal. I also enclosed a release for medical records which was signed by Mr. Rawson. I asked that the Board be provided Mr. Rawson's complete Medical file as held by Dr. Breite. Finally, I asked for a list of the types of drugs that Dr. Breite has prescribed during the past two years.

8. On April 21, 2003 I received further correspondence from Attorney Breite. In this communication he represented that Dr. Breite, in fact, is retired from clinical practice. He added that Dr. Breite has been intermittently involved in administrative practice activity involving CPT code approval and FDA requests for procedural changes. He also admitted to Dr. Breite engaging in "Internet activity doing initial or renewals of prescriptions." He claimed that Dr. Breite did not have any contracts with NumberOneRX. He claimed that Dr. Breite does not hold himself out to be a Vermont physician and that all of his activity occurs under his Pennsylvania medical license.

9. On May 27, 2003 I called Attorney Breite to obtain follow-up information that we had not yet received in this case. I asked for copies of Mr. Rawson's chart. Attorney Breite told me that Dr. Breite does not keep any records. The records are all kept by the pharmacy company. I was also told that the "practice setting" is Dr. Breite's home in New Jersey. When Dr. Breite was working in Pennsylvania it had been in hospitals, and he hadn't done that in many years.

10. Attorney Breite told me that there are only four drugs that his father prescribes. He prescribes Viagra, Fioricet (a headache pain reliever), a diet pill of some kind, and one other drug. He said that Dr. Breite did not prescribe any narcotics or anything addictive. I asked how it happened to be that there are only four drugs that Dr. Breite prescribed. I had noted that on the web site pages many different drugs were available. Attorney Breite told me that other physicians must be writing those prescriptions because his father's contract was only for those four drugs. I reminded him that in earlier correspondence from him, we were told that "no contracts existed". Attorney Breite clarified that his father agreed to only writing the four drugs and that there was not "really" a contract. Attorney Breite also indicated that his father is paid "per review" and payment does not hinge on actually writing a prescription. He said that probably more applications are denied rather than granted. I asked how many of each there were. He said they didn't know since Dr. Breite kept no records himself.

11. I called Jack Hennessy at DEA and inquired as to the physical location of where Dr. Breite has his DEA license. I was given the following:

USTR Reimbursement Inc.

Phone 973-696-9386

1518 Walnut St., Suite 1210

Philadelphia, PA 19103

12. On May 28th 2003, at approximately 1110 hours I called USTR Reimbursement Inc. to find out what their relationship was with Dr. Breite. The person answering the phone said "hello"? I asked for Dr. Breite, curious to see what response I might receive. The answer was, "This is he". I identified myself by name and title and Dr. Breite acknowledged this by saying words to the effect of "oh yes, how are you?" We exchanged a few pleasantries, and then I expressed confusion in that I thought I was calling USTR Reimbursement Inc. Dr. Breite told me that USTR Reimbursement is a firm in Pennsylvania that he does occasional consulting work for. He said that it is a corporation that does reassessments of CPT codes for billing and that he looks at them from a medical point of view. I asked if Dr. Breite was in Pennsylvania right then. He said, "No I'm home." I said I thought that I had dialed the telephone number for USTR, and he told me it was his own phone number. I informed him that I had learned from DEA, that USTR was listed on his license as his practice location. Dr. Breite told me that he used that address because he has a Pennsylvania medical license and needs to have a Pennsylvania address. He said that office site is actually a lawyers' office and that he has only been there a few times. When he does reviews, it is usually over the internet. He



stated that if he walked in the door at USTR the secretary probably wouldn't even know who he was.

13. In summary, based on the facts available to me, it is clear that Dr. Breite is practicing medicine by issuing prescriptions based solely on written on-line questionnaires without giving a physical examination to patients. There is no follow-up done by Dr. Breite. He keeps no records himself to make follow-up possible. He prescribes via computer from his home in New Jersey. He is not licensed to practice medicine in New Jersey. His DEA registration is for Pennsylvania but this is not the location where Dr. Breite has a physical presence and practices. This may be a violation of Federal regulations and currently is the subject of DEA investigation.

14. I believe that further investigation of this matter and further Board action is required in light of the danger to the public safety, health, and welfare resulting from Respondent Breite's conduct involving his prescribing practices.

Dated at Burlington, Vermont this \_\_\_\_\_ day of June 2003.

\_\_\_\_\_  
PHILIP J. CIOTTI  
Investigator,  
Vermont Board of Medical Practice

SUBSCRIBED AND SWORN TO BEFORE ME:

\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires \_\_\_\_\_

Office of the  
ATTORNEY  
GENERAL  
109 State Street  
Montpelier, VT  
05609

**AIM**

Association of State Medical Board Executive Directors

**Vermont Medical Board Search Results**

Licensee Name	Herbert J. Breite MD
License Status	Active
License Number	042-0005403
License Type	Medical Doctor
Address2	562 Black Oak Ridge Road
City State Zip	Wayne NJ 07470
Original License Date	11/19/74
License Expiration Date	11/30/04
Education	University of Heidelberg
City	Heidelberg, Germany
Graduation Date	05/04/64
Specialty 1 Description	Emergency Medicine
No Disciplinary Actions on File	

**Direct questions and comments about these results to****Vermont Medical Board**

This Board's data has been searched 471133 times since 12/11/1997

**Please read the AIM Disclaimer**©Copyright 1997,1998,1999,2000,2001,2002,2003 Nicholas Hayer